

FEB 12 2007

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To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office ATTN: CENTRALIZED FAX CENTER, MS APPEAL BRIEF	(571) 273-8300	(571) 272-4105

FROM: Peter Yim
Reg. 44,417

DATE: February 12, 2007

Number of pages with cover page:	20	
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Preparer of this slip has confirmed that facsimile number given is correct: **PJY1/8566**

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Comments:

PLEASE PROCESS THE ATTACHED.

Re: U.S. Patent Application No. 10/608,300
For: OPTICAL METROLOGY OF STRUCTURES
FORMED ON SEMICONDUCTOR WAFERS USING
MACHINE LEARNING SYSTEMS
By: Srinivas DODDI et al.
Our reference: 50998-20055.00

Attached is the following:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Appeal Brief (15 pages)

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PTO/SB/17 (01-08)

Approved for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		620.00	
Attorney Docket No.		509982005500	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																				
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)													
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)														
Utility	300	150	500	250	200	100	0.00													
Design	200	100	100	50	130	65														
Plant	200	100	300	150	160	80														
Reissue	300	150	500	250	600	300														
Provisional	200	100	0	0	0	0														
2. EXCESS CLAIM FEES																				
Fee Description							Small Entity Fee (\$)													
Each claim over 20 (including Reissues)							50													
Each independent claim over 3 (including Reissues)							200													
Multiple dependent claims							360													
<table style="width: 100%;"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>29</td> <td>-29 = 0</td> <td>x 50 =</td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	29	-29 = 0	x 50 =	0.00	Multiple Dependent Claims <table style="width: 100%;"> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>360</td> <td>0.00</td> </tr> </table>		Fee (\$)	Fee Paid (\$)	360	0.00
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
29	-29 = 0	x 50 =	0.00																	
Fee (\$)	Fee Paid (\$)																			
360	0.00																			
<table style="width: 100%;"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>3</td> <td>-3 = 0</td> <td>x 200 =</td> <td>0.00</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3	-3 = 0	x 200 =	0.00						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
3	-3 = 0	x 200 =	0.00																	
HP = highest number of total claims paid for, if greater than 20.																				
HP = highest number of independent claims paid for, if greater than 3.																				
3. APPLICATION SIZE FEE																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
<table style="width: 100%;"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 _____ (round up to a whole number) x</td> <td>_____</td> <td>_____</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 _____ (round up to a whole number) x	_____	_____			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																
_____	- 100 = _____	/50 _____ (round up to a whole number) x	_____	_____																
4. OTHER FEE(S)																				
							Fees Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount)																				
Other (e.g., late filing surcharge): 1402 Filing a brief in support of an appeal							500.00													
1251 Extension for response within third month							120.00													
SUBMITTED BY																				
Signature		Registration No. (Attorney/Agent)		Telephone																
Name (Print/Type)				Date																
Peter J. Yim		44,417		February 12, 2007		(415) 268-6373														

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

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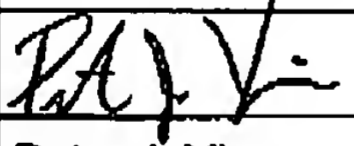
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/608,300
		Filing Date	June 27, 2003
		First Named Inventor	Srinivas DODDI
		Art Unit	2121
		Examiner Name	N. Brown
Total Number of Pages in This Submission	19	Attorney Docket Number	509982005500

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Brief) (15 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (not counted as part of this submission)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Peter J. Yim		
Date	February 12, 2007	Reg. No.	44,417

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Dated: February 12, 2007

Signature:  (Peter J. Yim)